

CJA 20 (Rev. 4-96)

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1 JURISDICTION 1 <input type="checkbox"/> MAG 2 <input type="checkbox"/> DIST 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2 MAG DOCKET NO	3 DIST CT DOCKET NO	VOUCHER NO 0858851
4 APPEALS DOCKET NO		5 FOR (DISTRICT/CIRCUIT)	6 LOC CODE	7 CHARGE/OFFENSE (U.S. or other code citation) 21-546
8 IN THE CASE OF		9 PERSON REPRESENTED (FULL NAME)		7A CASE CODE 6801
10 PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE		11 PROCEEDINGS (Describe briefly)		9A NO. 0 REPRES
12 PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL		<div style="border: 2px solid black; padding: 5px; text-align: center;"> FILED BY FEB 24 2001 CLARENCE MADON CLERK U.S. DIST. CT. U.S. DISTRICT COURT, M.D. LA. </div>		
13 COURT ORDER O <input type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. _____ Name of prior panel attorney				
Apprl. Date _____ Voucher No _____		14 FULL NAME OF ATTORNEY/PAYEE (Including Suffix) AND MAILING ADDRESS JERRY KOZLO, ESQ. 8411 N. BROWARD BLVD., STE. 470 FT. LAUDERDALE, FL 33324-2741		15 WORK PHONE 784-4447
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require the attorney whose name appears in item 14 is appointed to represent this person in this case. Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) _____ Date of Order 2-24-01 Nunc Pro Tunc Date 2-23-00		16A Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		16B SOCIAL SECURITY NO. _____
		16C EMPLOYER I.D. NO. _____		16D NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

CLAIM FOR SERVICES OR EXPENSES

SERVICE		HOURS	DATES		
IN COURT	a. Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation.	
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings			Enter total below.	
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)			17A TOTAL IN COURT COMP.	
(Rate per hour = 70) TOTAL HOURS =				\$	
OUT OF COURT	a. Interviews and conferences			Multiply rate per hour times total hours. Enter total "out of court" compensation below.	
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)			18A TOTAL OUT OF COURT COMP.	
(Rate per hour = 70) TOTAL HOURS =				\$	
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP
					\$
					19B. TOTAL OTHER EXP.
					\$
					20. GRAND TOTAL CLAIMED
					\$

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____

F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☐ YES ☐ NO

If yes, were you paid? ☐ YES ☐ NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☐ NO

If yes, give details on additional sheets. _____

I swear or affirm the truth or correctness of the above statements

APPROVED FOR PAYMENT	22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED/CERT.
	\$	\$	\$	\$	\$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER			DATE	27A. JUDGE/MAG. CODE
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)			DATE	29. TOTAL AMT. APPROVED
					\$